

FOR INSTRUCTIONS, SEE BACK OF FORM  
This form is not applicable to statutory political committees.

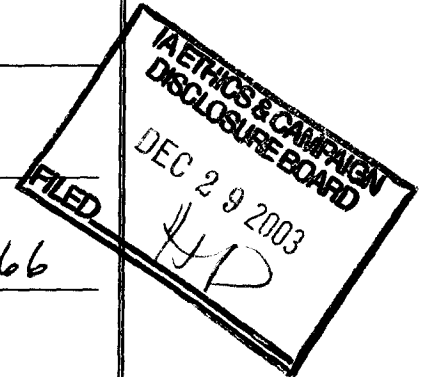
## Notice of Dissolution

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.

FORM	(Rev. 02/96)
<b>DR-3</b> <b>NOTICE OF DISSOLUTION</b>	
<b>For Office Use Only</b>	
Comm. #	_____
Indexed	_____
Audited	_____
Computer	_____
Certified Date of Dissolution	_____

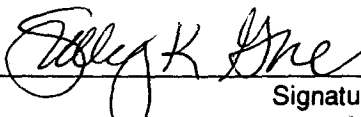
### COMMITTEE NAME

Official Name of Committee	
Gaer For City Council	
Street	
163	59 <sup>th</sup> Street
City, State, Zip Code	
West Des Moines, Iowa	50266
Area Code	Telephone
(515)	225-9732



Effective date of dissolution:

December 27, 2003

  
Signature of Treasurer  
12/27/03  
Date Signed

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.

  
Signature of Candidate - Required for Candidate's Committee  
12/27/03  
Date signed

### WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.